Revision: HCFA-PM-93-2

(MB)

ATTACHMENT 2.2-A

Page 9b

MARCH 1993 State:

ARKANSAS

Agency*

Citation(s)

Groups Covered

Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

DEMS

1902(a)(10(E)(i) and 1905(p) of the Act

- Qualified Medicare beneficiaries--
 - Who are entitled to hospital insurance benefits under Medicare Part A, (but not pursuant to an enrollment under section 1818A of the Act);
 - b. Whose income does not exceed 100 percent of the Federal poverty level; and
 - Whose resources do not exceed twice the maximum standard under SSI.

(Medical assistance for this group is limited to Medicare cost-sharing as defined in item 3.2 of this plan.)

DEMS 1902(a)(10)(E)(ii), 1905(s) and 1905(p)(3)(A)(i) of the Act

- 26. Qualified disabled and working individuals--
 - Who are entitled to hospital insurance benefits under Medicare Part A under section 1818A of the Act;
 - Whose income does not exceed 200 percent of the Federal poverty level; and
 - c. Whose resources do not exceed twice the maximum standard under SSI.
 - Who are not otherwise eligible for medical assistance under Title XIX of the Act.

(Medical assistance for this group is limited to Medicare Part A premiums under section 1818A of the Act.)

DATE REC'N DATE APPV'D Α DATE EFF HCFA 179

Approval DaMAY 0 3 1993 TN NO. Effective Date JAN 0 1 1993 Supersede TN No.

^{*}Agency that determines eligibility for coverage.

Revision: HCFA-PM-93-2

MARCH 1993

(MB)

ATTACHMENT 2.2-A Page 9b1

/	State:	ARKANSAS	
Agency*	Citation(s)		Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

DEMS 1902(a)(10(E)(iii) and 1905(p)(3)(A)(ii) of the Act

- 27. Specified low-income Medicare beneficiaries-
 - a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);
 - b. Whose income for calendar years 1993 and 1994 exceeds the income level in 25. b., but is less than 110 percent of the Federal poverty level, and whose income for calendar years beginning 1995 is less than 120 percent of the Federal poverty level; and
 - c. Whose resources do not exceed twice the maximum standard under SSI.

(Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act.)

STATE	Α

*Agency that determines eligibility for coverage.

 Revision: HCFA-PM-95-2

APRIL 1995

(MB)

ATTACHMENT 2.2-A Page 9b2

ARKANSAS Groups Covered Agency* Citation(s) Mandatory Coverage - Categorically Needy and Other Α. Required Special Groups (Continued) 1634(e) of 28. a. Each person to whom SSI benefits by reason of disability are not payable for the Act any month solely by reason of clause (i) or (v) of Section 1611(e)(3)(A) shall be treated, for purposes of title XIX, as receiving SSI benefits for the month. applies more restrictive b. The State eligibility standards than those under SSI.

Individuals whose eligibility for SSI benefits are based solely on disability who are not payable for any months solely by reason of clause (i) or (v) of Section 1611(e)(3)(A), and who continue to meet the more restrictive requirements for Medicaid eligibility under the State plan, are eligible for Medicaid as categorically needy.

*Agency that determines eligibility for coverage.

DATE REC'D 03-05-93

DATE APPV'D 05-12-95

DATE EFF 03-01-95

HCFA 179 95-11

TN No.
Supersedes Approval Date
TN No.

95 Effective Date

	AUGUST 1	991		Page 9c OMB No.: 0938-
	State	:	ARKANSAS	
Agency*	Citation	(s)	Groups Cover	red
		В. Ор	tional Groups Other Than	the Medically Needy
N/A	42 CFR / 435.210 1902(a) (10)(A)(ii) 1905(a) of the Act		Individuals described be income and resource requoptional State supplement CFR 435.230, but who do assistance.	irements of AFDC, SSI, or an t as specified in 42
			The plan covers al above.	l individuals as described
			The plan covers on group or groups of	ly the following individuals:
			Aged Blind Disabled Caretaker relat Pregnant women	ives
DEMS	42 CFR 435.211	<u>/</u> ▼/ 2.	Individuals who would be or an optional State sup CFR 435.230, if they wer institution.	plement as specified in 42
*Agency	that determ	mines e	eligibility for coverage.	
TN No.	41.56	Appro	val Date DEC 9 0 1991	Effective Date OCT 01 1991
Superse TN No.	1828 ·		•	HCFA ID: 7983E
pproved 10-2	24-86, TN 88-26 and			
age 10, Para	graph 1, 1-87, TN 86-26		STATE PECID	ZKansas VOV 27 mm
			DATE APPY'D	DEC 3 1 1991 A

ATTACHMENT 2.2-A

Revision: HCFA-PM-91-4 (BPD)

	State/Territ	cory:	AR	KANSAS
Agency*	Citation(s)			Groups Covered
N /A			tional ontinue	Groups Other Than the Medically Needy
N/A 42 CFR 435 1902(e)(2) Act, P.L. (section 9 101-508 (s 4732)	of the 99-272 9517) P.L.	3.	becamenrol the P in an 1903(Compe contr have than The H speci this famil	tate deems as eligible those individuals who the otherwise ineligible for Medicaid while led in an HMO qualified under Title XIII of tublic Health Service Act or while enrolled entity described in section m)(2)(B)(111), (E) or (G) of the Act, or a titive Medical Plan (CMP) with a Medicare act under section 1876 of the Act, but who been enrolled in the HMO or entity for less the minimum enrollment period listed below. MO or entity must have a risk contract as fied in 42 CFR 434.20(a). Coverage under section is limited to HMO services and y planning services described in section a)(4)(C).
				The State elects not to guarantee eligibility.
				The State elects to guarantee eligibility. The minimum enrollment period is months (not to exceed six).
				The State measures the minimum enrollment period from:
				The date beginning the period of enrollment in the HMO or other entity, without any intervening disenrollment, regardless of Medicaid eligibility.
				The date beginning the period of enrollment in the HMO as a Medicaid patient (including periods when paymen is made under this section), without any intervening disenrollment.
<u> </u>	kansa	1/ I		The date beginning the last period of enrollment in the HMO as a Medicaid patient (not including periods when payment is made under this section), without any intervening disenrollment of periods of enrollment as a privatel paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible
TE REC'D — TE APPV'D — TE EFF —	DEC 3 0 1991 FEB 0 5 1992 DEC 0 1 199	2	Α	other than under this section.)
FA 179	71-65			

ARKANSAS State/Territory: Agency* Citation(s) Groups Covered 1903(m)(2)(F) Optional Groups Other Than the Medically Needy of the Act, (Continued) P.L. 98-369 (section 2364), The Medicaid Agency may elect to restrict the P.L. 99-272 disenrollment rights of Medicaid enrollees of certain Federally qualified HMOs, Competitive Medical Plans (CMPs) with Medicare contracts under section 1876 of (section 9517), P.L. 101-508 (section 4732) the Act, and other organizations described in 42 CFR 434.27(d), in accordance with the regulations at 42 CFR 434.27. This requirement applies unless a recipient can demonstrate good cause for disenrolling or if he/she moves out of the entity's service area or becomes ineligible. Disenrollment rights are restricted for a period of ____ months (not to exceed 6 months). During the first month of each enrollment period the recipient may disenroll without cause. The State will provide notification, at least twice per year, to recipients enrolled with such organization of their right to and restrictions of terminating such enrollment. No restrictions upon disenrollment rights. 1903(m)(2)(H), In the case of individuals who have become ineligible 1902(a)(52) of for Medicaid for the brief period described in section 1903(m)(2)(H) and who were enrolled with an the Act entity having a contract under section 1903(m) when P.L. 101-508 (section 4732) they became ineligible, the Medicaid agency may elect to reenroll those individuals in the same entity if that entity still has a contract. The agency elects to reenroll the above individuals who are ineligible in a month but in the succeeding two months become eligible, into the same entity in which they were enrolled at the time eligibility was lost.

The agency elects not to reenroll above

were previously enrolled.

individuals into the same entity in which they

*Agency that determines eligibility for coverage.

TN No. The Reproval Date FEB 0.5 1992ffective Date DEC 0.1 1991
Superseles HCFA ID: 7983E

Revision: HCFA-PM-91-10 (MB)

DECEMBER 1991

Revised: February 10, 1993

Attachment 2.2-A Page 11

State/Territory:

ARKANSAS

Agency*

Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

42 CFR 435.217

Division of Economic and Medical Services (DEMS) and Division of Developmental Disabilities (DDS)

A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a NF or an ICF/MR, who but for the provision of home and community-based services under a waiver granted under 42 CFR Part 441, Subpart G would require institutionalization, and who will receive home and community-based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the State's section 1915(c) waiver under which this group(s) is covered. In the event an existing 1915(c) waiver is amended to cover this group(s), this option is effective on the effective date of the amendment.

STATE COMPAND STATE

DATE REC'D MAR 0.5 1993

DATE APPV'D MAR 3.1 1993

DATE EFF FR 1.0 1993

HCFA 179

*Agency that determines eligibility for coverage.

IN NO Approval Mark 31 1993 Effective Date FEB 10 1993

HCFA ID: 7983E

Revision:	AUGUST 1991		Page 11a OMB NO.: 0938-
	State:	ARKANSAS	
Agency*	Citation(s)	Groups	Covered
		otional Groups Other Than Continued)	the Medically Needy
(A)(i	a)(10) <u>/</u> / 5. i)(VII) e Act	section 1905(o) of the A	if they were in a are terminally pice care in ary election described in act.
		The State cover groups of indiv	s only the following group or iduals:
		Aged Blind Disabled Individuals und 21 20 19 18 Caretaker relat Pregnant women	
* "gency t	hat determines	eligibility for coverage.	207.01.4004
TN No. Z		oval DateUEC 3 0 1991	Effective Date 001 01 1991
TN No.	9-06 -A, Page 11, Item 5,		HCFA ID: 7983E
Approved 3-7-8	9, TN 89-06	STATE DATE REC'D NO DATE APPV'D DATE EFF	DEC 3 0 1991 OCT 0 1 1991 9736

Revision: HCFA-PM-91-4R (BPD) ATTACHMENT 2.2-A AUGUST 1991 Page 12 OMB NO.: 0938-**ARKANSAS** State: Agency* Citation(s) Groups Covered B. Optional Groups Other Than the Medically Needy (Continued) N/A 42 CFR 435.220 6. Individuals who would be eligible for AFDC if their work-related child care costs were paid from earnings rather than by a State agency as a service expenditure. The State's AFDC plan deducts work-related child care costs from income to determine the amount of AFDC. The State covers all individuals as described above. <u> [</u>] The State covers only the following 1902(a)(10)(A) (ii) and 1905(a) group or groups of individuals: of the Act Individuals under the age of--21 20 19 18 Caretaker relatives Pregnant women 7. / Ty a. All individuals who are not DEMS 42 CFR 435.2²² described in section 1902(a)(10) 1902(a)(10)(A)(i) of the Act, who (A)(ii) and meet the income and resource requirements of the AFDC State plan, and who are under the age of 1905(a)(i) of the Act 21 as indicated below. 20 19 18 TN No.

Approval Date FEB 20 1992 Supersed TN No.

Effective Date MAR 01 1992

HCFA ID: 7983E

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	DATE EFF MAR UT 1932	
	HCFA 179	

Revision:	HCFA-PM-91 AUGUST 1991	- 4	(BPD)			ATTACHMENT 2.2-1 Page 13	-
Revised:	February 10, State: _		ARKANSAS		OMB NO.: 0938-		
Agency*	Citation(s)				Groups Cover	ed	
Dece		в. о	otional G	iroups	Other Than t	he Medically Need	l y _
DCFS 42 CF	R 435.222		Д V b.			fications of indi above, as follows	
			<u>x</u>	(1)	agencies are	for whom public e assuming full cancial responsibi	
			<u>x</u>	_ (a		r homes (and are of 21).	under
			<u> </u>	_ (b		te institutions (e age of 21).	and are
			_	_ (c	b.(1)(a) placed in private nonprofit	ion to the group and (b), individ n foster homes or institutions by pt agencies (and a age of)	uals rivate, re
				(2)	in full or p	in adoptions sub part by a public der the age of	agency
				(3)	the age of	in NFs (who are). NF serv d under this plan	ices
				(4)	(b)(3), indi	to the group und ividuals in ICFs/ he age of)	MR (who
IN No	367 265/Appr	oval [ate MAR	311	993 E1	ffective DatFEB	<u>1 0 19</u> 93
TN No	71-36					CFA ID: 7983E	
					STATE DATE REC'D DATE APPV'D DATE EFF HCFA 179	Kansas MAR 0 5 1993 MAR 3 1 1993 EB 1 0 1993	A